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Action: School Services - Respondent #2, Judy Montgomery, Phd, Ccc-Slp, Associate Professor, Chapman University

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Action: School Services - Respondent #2, Judy Montgomery, Phd, Ccc-Slp, Associate Professor, Chapman University

Comments

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American Speech-Language-Hearing Association

Action: School Services

Kathleen Whitmire

Professional Issues Forum Established

ASHA's Academic Affairs Board has established a "Professional Issues Forum" on ASHA's web site to provide monthly presentations on a wide range of issues. Although the primary target audience is students, faculty and professionals are invited to participate.

The forum includes introductory comments on a key issue or contemporary topic, accompanied by comments from two respondents presenting varying perspectives on the topic, as well as thought-provoking questions, references, and Internet links. Participants are able to email thoughts and responses to a bulletin board for dialogue with one another.

Topics planned for this year include collaborative/consultative models, audiology certification, ethical value development, and the role of state professional associations. For the February submission, I was asked to coordinate a discussion related to the schools. Because of the changing role of school-based speech-language pathologists in light of the Individuals with Disabilities Education Act's (IDEA's) focus on access to the general curriculum, I invited Barbara Ehren and Judy Montgomery to join me in presenting a discussion on that topic. This is a critical issue for school-based speech-language pathologists to consider in order to move our services into relevant classroom contexts without jeopardizing the

unique contributions that we make to students' learning and development.

Following is the discussion that was posted for February, offered here to stimulate your thinking about our changing role in the schools. My thanks go to Dr. Ehren and Dr. Montgomery for their willingness to advance this discussion.

To access future topics, go to ASHA's web site at www.asha.org and click on "Student Affairs" and "Professional Issues."

The Role of the School-Based Speech-Language Pathologist Vis-a-Vis IDEA '97

The reauthorization of IDEA in 1997 and the release of the final regulations of Part B of that Act in 1999 have significantly changed educational opportunities for children with disabilities. A primary focus of IDEA '97 is to establish an educational planning process that promotes meaningful access to the general curriculum for all students. The commitment to provide this access to children with special needs requires a paradigm shift for speech-language pathologists, who now must be knowledgeable about general curricular goals and benchmarks and must develop individualized educational programs (IEPs) that support and reflect content area learning. The development of these educationally relevant IEPs requires functional,

curriculum-based assessments that indicate the extent to which the child's disability affects his or her involvement in the general curriculum, and measurable annual goals that support the child's progress in the general curriculum. Implementation of the IEP requires comprehensive intervention that supports the student's involvement in academic, nonacademic, and extracurricular programs. Fundamental to the design and implementation of any IEP is the team of professionals working collaboratively on behalf of the child.

Meeting the mandates of IDEA requires that speech-language pathologists move away from exclusive use of the traditional clinical model of individual and small-group pullout therapy and instead engage in collaborative consultation, authentic assessments, curriculum-based intervention programs, and classroom-based services. This provides us with a rich opportunity to benefit from the strength of collaborative team models, and to offer our students educationally relevant and functional programs. At the same time, however, this change in roles and responsibilities can lead to confusion for us and for our colleagues in the schools.

What kind of assessment methodologies are truly reliable and valid? How do we move into the classroom without becoming a substitute teacher or an aide? Can we integrate content area learning into our intervention programs, but not end up serving as

tutors? What is the distinction between what we do and what other educators do? Will we find ourselves writing intervention programs that professionals from other disciplines will carry out? Is that ethical?

Clearly, it is critical that we carefully and thoughtfully define our role within the schools in light of IDEA. Clarification of our responsibilities will not only benefit the children we serve, but will in the long run shape the nature and course of our profession within the schools in the future. We must enter into this discussion with a willingness to listen to and consider various perspectives, and a desire to achieve that elusive blend of best practice and reasonable implementation. The following comments from this topic's two respondents make valuable contributions toward achieving that goal.

Questions

- What qualitative measures can be used to supplement or supplant the standardized tests that are traditionally used to determine eligibility for speech-language services?
- How can the full range of service delivery options be used in an integrated manner to meet a child's educational needs?
- What can the speech-language pathologist do to support regular education teachers who have students with special needs in their classes?
- What are the elements of successful collaboration?
- How can our undergraduate and graduate programs in communication disorders prepare students to work in the schools and meet the mandates of IDEA?

Suggested Reading

American Speech-Language-Hearing Association. (1999). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (1999). *School-based employment: A resource for speech-language pathologists*. Rockville, MD: Author.

Further information on IDEA materials can be found on the Internet at www.asha.org and www.ideapractice.org

Respondent #1, Barbara J. Ehren, EdD, CCC-SLP, University of Kansas, Center for Research on Learning

It's a good IDEA, this revised law with its new regulations! It sets a direction that many in our field have long regarded as the way to go—focus on the general curriculum, paying attention to what students have to learn at various grade levels, and asking ourselves how our work fits into this venue. For many practitioners around the country, this is not a new concept. They have been working for years to provide curriculum-relevant therapy, collaborate with educators, and structure more inclusive services. For others, who have been reluctant to move in this direction, IDEA will require change, a new orientation to what speech and language services are all about.

However, for both groups, the \$64,000 question is, "How do we accomplish all this and do what we've been trained to do as speech-language pathologists?" Such a question is often framed within the context of frustrations speech-language pathologists encounter in managing large caseloads. And now a strong case is being made for our expanded role with promoting literacy in the schools.¹ How is it possible to accomplish all of this? One answer lies in artful caseload management, that is, careful selection of those who most need our services, and innovative service delivery that addresses student success in the general curriculum.

Within the context of service delivery, practitioners also ask, "What should we be doing that is different from what classroom teachers do?" Many speech-language pathologists who have traveled this path often find themselves teaching academic content

¹ For more information on this topic, review the Widespread Peer Review Draft of the Ad Hoc Committee on Reading and Writing entitled, "Roles and Responsibilities of Speech-Language Pathologists with Respect to Reading and Writing in Children and Adolescents: (ASHA, in progress).

in a manner similar to classroom instruction, or tutoring students when they encounter difficulties with assignments, or being used as aides when they attempt to provide services in classrooms. I would argue that we can, indeed, deliver curriculum-relevant treatment while maintaining our identity as speech-language pathologists. We do this by differentiating our roles with curriculum and by identifying the unique contributions we can make.

Although our roles can include direct and indirect services for caseload students, our primary responsibility should be to deliver therapeutic services to students on our caseload and to assist teachers in meeting the needs of those same students. For non-caseload students, our roles will be more indirect; for example, providing technical assistance to teachers, modeling effective practices, contributing to curriculum writing teams, and conducting professional development.

The key principles in implementing direct service are maintaining a therapeutic focus and sharing the responsibility for student success. The kind of therapeutic focus I envision is not separate from an educational focus. Rather, it is a clinical brand of educational focus in which the speech-language pathologist uses his or her expertise to provide diagnostic/prescriptive treatment that addresses the language underpinnings of the curriculum for students with communication disorders. Curriculum becomes the context within which treatment targets are defined.

Sharing the responsibility for student success involves working in partnership with teachers to plan and deliver the kind of total program that enables students to achieve within the curriculum. It includes speech-language pathologists helping teachers with curriculum, instruction, and assessment modifications, and teachers helping speech-language pathologists with practice and generalization of therapeutic targets.

Of course, all of this is easier said than done. Implementing the intent of IDEA requires creativity and persistence on the part of individual speech-language pathologist and in many places changes in the way school districts and schools do business.

However, it also presents us with an opportunity to dive in and become key players in the education enterprise. When we, like our colleagues in the schools, are concerned about student success with the curriculum, we are no longer on the periphery, but smack dab in the center of life in the schools. This is a really good IDEA for kids!

The following "To Do" list may help you in developing your own game plan to implement IDEA with respect to the general curriculum:

Believe that you have a role with the general curriculum and the competencies to be of service.

Know the big picture. Learn the direction, beliefs, standards, benchmarks, and approaches of curriculum in your state, district, and school.

Analyze your district's curriculum for language underpinnings.

Know the academic achievement picture for the students on your caseload—what they look like in the classroom. In particular, know how they listen, speak, read, and write.

Play an active role in the IEP process. Help others to understand your contribution at the IEP meeting. Suggest curriculum-oriented goals and intervention objectives on which you can collaborate.

Provide therapeutic activities for language underpinnings of the curriculum; that is, geared to the language problems interfering with access to the general curriculum.

Assist teachers in making appropriate modifications to classroom instructional practices.

Engage teachers as partners in the therapeutic process.

Provide professional development activities to colleagues. For example, consider phonological awareness training for pre-kindergarten, kindergarten, and first-grade teachers.

Find venues for influencing others (e.g., participate in curriculum writing teams, especially in literacy).

Respondent #2, Judy Montgomery, PhD, CCC-SLP, Associate Professor, Chapman University

Having worked in the public schools for 24 years in a variety of school districts and a variety of positions, I know now what I always loved so much about this work setting—the variety! Every student assessment was unique even though I used some of the same tools; every child's communication skills were individualized even though I saw distinct patterns that reminded me of previous students; every treatment session was an original even when I repeated one, because each student's reactions made it original. Every 30 minutes or so, I changed my focus to another communication impairment/disability. In addition, I changed location, student group, materials, cognitive level, expected products, and form of reinforcement! This variety appealed to me. I understand that it appeals to many speech-language pathologists in the school setting.

The frame that encircled all of this variety was the school setting. The focus was, and is, to help students be better learners. I thought of myself as working in the field of "allied education," just as many of my colleagues worked within allied health. To ally is "to unite or join for a specific purpose" (Webster, 1988). I, as the speech-language pathologist, was supporting the students' communication development and their success as learners. Educators and speech-language pathologists are indeed united in a specific purpose.

Although we refer to the 1997 IDEA amendments taking us in a new direction, I contend that it is not new. Instead, it is the next logical step in what speech-language pathologists have been doing to assist learners in school settings for many years. Perhaps the "big difference" is that the speech-language pathologist's close connection to the education process is now stipulated in the law and explained in the federal regulations. The variety that attracted many of us to the school setting now has an official frame. The frame not only contains the different service delivery models we use in schools, but it also holds us legally

and ethically accountable to ally with educators.

I think it is this common purpose—to educate the child, just as in health care it is to return the child to health—that helps us respond to the questions posed in this forum.

I believe that our responses to questions on traditional testing are fairly straightforward. Standardized tests should only be used if they have been standardized on the population being tested and created for the purpose of measuring the targeted skill (Maller, 2000). These two cautions alone reduce the number of occasions that standardized tests are administered by speech-language pathologists in schools.

We should use our traditional standardized tools, *plus* qualitative measures to determine eligibility for speech and language services. Once intervention begins, we should use functional communication measures to determine change and improvement. Eligibility can be viewed as a threshold that makes the first decision to offer services feasible, and somewhat uniform from school to school. After that, each student's progress is individual, and can only be gauged by the effect it has had on that student's functioning as a learner.

A standardized test is of limited use, and can often be detrimental, in measuring progress. Expected year-to-year growth registers as no change on a standardized or scaled score. The team may misinterpret this in the annual IEP review meeting as "no improvement." The speech-language pathologist, with the team, should reserve standardized tests for the initial assessment, and depend on school-based functional measures for subsequent assessments of a student's progress. This not only connects the speech and language intervention with the classroom, but it also offers another way for the speech-language pathologist to support the general educator.

The content area tasks, curriculum-based tests, and classroom activities and products are the "stuff" of the functional measures. Oral and written communication permeate each one of these. Speech-language pathologists and teachers share the same outcomes for students. The speech-language pathologist supports the teacher by

helping him or her to record these measures. Some of the methods are already in use, others need to be created. These activities are authentic, not contrived. This is true collaboration—allies working together for a common purpose. It does not happen quickly. It takes time and a clear vision of why speech-language pathologists work within schools, and what unique task we do there that supports students' learning. IDEA may have codified it in law, but we already knew what really made a difference for students.

References

- Maller, S. (2000, January). *Assessment and accountability*. Presented at the ASHA DIV 12 Leadership Conference, Sea Island, GA.
- Webster (1988). *New world dictionary* (Modern Desk ed.) Cleveland, OH: World.

Recruitment and Retention of Qualified Providers

Three documents were recently released that could be helpful with lobbying and advocacy efforts within states facing certification and credentialing issues, as well as the hiring of bachelor- versus master-level clinicians.

The first, entitled "Availability of Therapists To Work in Ohio Schools," was released by the Legislative Office of Education Oversight in Columbus, Ohio in June 1999. It discusses shortages of occupational therapists, physical therapists, and speech-language pathologists in Ohio schools; offers realistic and well-documented reasons for the shortages; and provides excellent recommendations for recruiting and retaining qualified personnel. This document is available at www.loeo.state.oh.us.

The second report is "Solving the Dilemmas of Teacher Supply, Demand, and Standards: How We Can Ensure a Competent, Caring, and Qualified Teacher for Every Child," published in August 1999 by the National Commission on Teaching and America's Future (housed at Columbia University). This is a thorough and well-written report that documents significantly better

Access School Services Information

Action Center	Email: actioncenter@asha.org Web site: http://www.asha.org		
Members	800/498-2071	Product Sales	888/498-6699
Answer Line (IVR)	888/321-ASHA	Fax-on-Demand	877/541-5035
Consumers	800/638-8255		

For professional consultation or information on school practice issues, contact:

Roseanne Clausen	800/498-2071, x4181	Email: rclausen@asha.org
Susan Karr	800/498-2071, x4308	Email: skarr@asha.org

For professional consultation or information on audiology issues, contact:

Evelyn Williams	800/498-2071, x4144	Email: ewilliams@asha.org
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For professional consultation or information on school policy issues, contact:

Catherine Clarke	800/498-2071, x4182	Email: cclarke@asha.org
Federal legislative, and regulatory information		

Charlie Diggs	800/498-2071, x4151	Email: cdiggs@asha.org
Consumer advocacy information		

Eileen Crowe	800/498-2071, x4221	Email: ecrowe@asha.org
State advocacy information		

Susan Pilch	800/498-2071, x4284	Email: spilch@asha.org
State legislation information		

Mark Kander	800/498-2071, x4139	Email: mkander@asha.org
Medicaid information		

For professional consultation or information on research issues, contact:

Diane Behall	800/498-2071, x4403	Email: dbehall@asha.org
Caseload/salary survey data		

Andrea Castrogiovanni	800/498-2071, x4199	Email: acastrogiovanni@asha.org
Incidence/prevalence data		

For professional consultation or information on multicultural issues, contact:

Silvia Martinez	800/498-2071, x4216	Email: smartinez@asha.org
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academic achievements for students who are taught by educators with master's degrees in the field in which they are teaching, as compared to students learning from educators with bachelor's degrees or degrees in other fields. Again, the report outlines reasons for teacher shortages and provides recommendations for recruiting and retaining qualified personnel. This document is available at www.tc.columbia.edu.

The third document is a memo from the New York State Board for Speech-Language Pathology and Audiology

announcing an Intensive Teacher Training Program instituted by the State Education Department to assist licensed speech-language pathologists in getting teacher certification, thus making them eligible to work in the schools. Offered by 10 university and college programs across the state, the training is designed for clinicians working full-time (e.g., evenings, weekends, distance learning).

Again, this is aimed at getting master's level clinicians into the schools, rather than lowering standards due to shortages. Programs offer the

information that is needed for these clinicians to be effective in school settings, as well as the requirements needed to obtain teacher certification. For information about establishing a similar program in your state, contact Ronnie Hausheer, executive secretary of the New York State Board for Speech-Language Pathology and Audiology, at 518-473-0221 or speechbd@mail.nysed.gov.

ASHA's 1999 Priority Issue 1: Resources for School-Based Members

The following documents have been developed by ASHA members and staff as a result of an ASHA 1999 Priority Issue that was developed to provide school-based members with new resources, network capabilities, information, and tools to enhance quality services in school settings. The following is a list of the resources that are now available to members.

These resources are available free of charge (unless otherwise indicated) upon request from the Action Center. For more information, contact Susan Karr at the National Office (800/498-2071, ext. 4308; skarr@asha.org).

IDEA and Your Caseload: A Template for Eligibility and Dismissal Criteria

This document is a template for use by state and local educational agencies developing their own eligibility (admission and discharge) criteria for speech and language services in the schools. This document provides recommended elements to be considered when establishing eligibility and dismissal criteria and offers sample materials that have been successfully implemented at the local or state levels. It also outlines eligibility requirements as mandated in IDEA '97. (Item #0804044)

Secret of My Success: Strategies for Creative Caseload Management and Successful Intervention Models in Schools

This document is a compilation of 23 creative caseload management

strategies and 39 successful intervention models used by members in school settings. These strategies were submitted by members through ASHA's "Secret of My Success" contest. (Item #0804045)

Database of ASHA's Resources for School-Based Members

This document identifies all of ASHA's resources and products for school-based members. ASHA members may request a copy through ASHA's Action Center at 800/498-2071 or obtain information from the ASHA web site at www.asha.org. (Item #0804047)

Working With Speech-Language Pathology Assistants in School Settings

This new product from ASHA provides information and tools needed to supervise and work with speech-language pathology assistants in school-based settings. Included are: ASHA policy documents, articles from ASHA publications, and tools and forms needed to efficiently and effectively work with speech-language pathology assistants.

Contents include the following sample items:

- speech-language pathology assistant job description for an educational facility,
- orientation checklist for an educational site,
- direct observation skills brief checklist,
- educational setting,
- speech-language pathology assistant self evaluation of intervention assessment,
- weekly activity logs and weekly activity record,
- skills proficiency checklist for an educational facility, and
- SLP-assistant individual learning plan.

These documents, checklists, and sample forms are intended to be copied and used as a model for creating your own forms. This product is available for \$25 to members and \$35 to nonmembers. (Item #0112291)

State Education Advocacy Leaders (SEALs)

A national network of state associations' school contacts, who are now known as state education advocacy leaders (SEALs), has been established. Each state speech-language-hearing association has identified a SEAL to serve as an advocate on education policy issues in his or her state.

The mission of the SEALs is "to enhance and perpetuate the advocacy, leadership, and clinical management skills of school-based ASHA members at the state level and to influence administrative and public policy decisions that impact the delivery of speech-language pathology and audiology services in school settings."

Please contact the SEAL within your state for more information on education issues or to become more involved in addressing these issues. Information on contacting the SEAL in your state can be found on the ASHA web site at www.asha.org/advocacy/stateadvocacy/statelegislativeandregulatorypolicy. Information can also be obtained through fax-on-demand or by contacting the Action Center. If you need additional information regarding the role of the SEALs, contact Eileen Crowe at 800/498-2071 or ecrowe@asha.org.

1999 Omnibus Survey Results

Results are now available from ASHA's 1999 Omnibus Survey. These surveys are conducted every year or two to obtain current information regarding issues of interest and concern to ASHA members. Of the 1,082 respondents to the 1999 survey who are certified speech-language pathologists employed full-time, 606 (57%) work in school settings.

Of particular interest to the readers of *LSHSS* are the data regarding caseload. Respondents reported an average caseload in the schools of 50, with an average of 51 individual sessions per month and 85 group sessions per month. School-based clinicians reported spending 6 hours daily on direct client care. The vast majority (63%) of children receiving services in the schools are ages 6-11 years.

Additional data are available regarding caseloads in other settings, consultation with bilingual providers, and diagnoses of individuals receiving services. A copy of the "Caseload Report: SLP" from the 1999 Omnibus Survey is available from the Action Center (800/498-2071), fax-on-demand (703/531-0866, request document #4018), or ASHA's web site.

ASHA's Educational Programs for 2000

Following are the remaining telephone seminars and video-conference self-studies scheduled for 2000 that focus on topics of interest to school-based clinicians. For telephone seminar information, contact Ann Parks at 800/498-2071, ext. 4236. To purchase videoconference self-studies, contact ASHA Product Sales at 888/498-6699. If you are interested in your facility becoming a site to participate live in our videoconferences, call the Rehab Training Network at 800/826-3510.

- Wednesday, May 17, 2000, 1:00–3:00 p.m. (EDT); **Shaping Your Role: Effective Advocacy in School Settings** (Telephone seminar)
Frances K. Block, MA and Herease Frazier, MA
Instructional level: Intermediate
Content area: Professional; 0.2 ASHA CEUs
- Wednesday, October 11, 2000, 1:00–4:00 p.m. (EDT); **Working with School-Age Children Who Stutter** (Video-enhanced telephone seminar)
Barry Guitar, PhD
Instructional level: Intermediate
Content area: Professional; 0.3 ASHA CEUs
- Thursday, October 12, 2000, 1:00–3:00 p.m. (EDT); **Caseload Eligibility and Dismissal Criteria in School Settings** (Telephone seminar)

ASHA Announces New Schools Division

Name: Division 16 School-Based Issues

Steering Committee: DeAnne Owre (division coordinator), Frances Block (associate coordinator), Erin Dyer, Nena Germany-Greer, Carolyn Rouse

Mission Statement: To provide leadership and advocacy through a forum for all speech-language pathologists and audiologists with interests in school-based issues, including clinicians and researchers from schools, universities, and all other settings. To promote the highest quality services within schools by addressing clinical, educational, administrative, and legislative/regulatory concerns at local, state, and federal levels.

Division 16 School-Based Issues will provide the affiliate with the opportunity to attend Division 16-sponsored continuing education programs during the year, keep up-to-date with professional and clinical issues while earning CEUs through the division newsletter, and interface with colleagues via the SID 16 Listserv.

To join, go to ASHA's web site at www.asha.org/sidivisions/images/application.pdf or call ASHA's Action Center at 800/498-2071.

Kenn Apel, PhD and Brian Shulman, PhD

Instructional level: Intermediate

Content area: Professional; 0.2 ASHA CEUs

- Live broadcast date: October 19, 2000, 5:30–9:30 p.m. (EDT); Self-Study Program available December, 2000; **Finding Alternatives: Assessing the Culturally and Linguistically Diverse Child in the Schools** (Videoconference)

Li-Rong Lilly Cheng, PhD, Jack Damico, PhD, and Elizabeth Peña, PhD

Instructional level: Intermediate

Content area: Professional; 0.4 ASHA CEUs

- Friday, October 20, 2000, 1:00–3:00 p.m. (EDT); **Reading and Writing: Speech-Language Pathologists Making a Difference** (Telephone seminar)
Nickola Wolf Nelson, PhD and Maureen Staskowski, PhD
Instructional level: Intermediate

Content area: Professional; 0.2 ASHA CEUs

- Live broadcast date TBD; **From Talking to Reading and Writing: Successful Strategies for School Settings** (Videoconference)

Katharine G. Butler, PhD and Geraldine P. Wallach, PhD

Instructional level: Intermediate

Content area: Professional; 0.4 ASHA CEUs

ASHA National Office staff are regular contributors to this column. Questions concerning information contained in the column may be addressed to Kathleen Whitmire at ASHA, 10801 Rockville Pike, Rockville, MD 20852; phone: 301/897-5700, ext. 4137; Email: kwhitmire@asha.org. Questions about school services may be addressed to Roseanne Clausen, ext. 4181; Email: rclausen@asha.org or Susan Karr, ext. 4308; Email: skarr@asha.org.

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